

Name
in
Full

William Burris

22/1/I

CERTIFICATE OF DEATH

MARYLAND

Died at Salisbury Town

Wicomico County

Date of death 1906 Jan

21 Day

Age

Years

2 Months

22 Days

Sex male

Color or Race

Black

Birth-place

Salisbury Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Clem Burris

Father's Birthplace

Md

Mother's Maiden Name

Felicicia Adams

Mother's Birthplace

Md

Name of person giving information

Clem Burris

How related to deceased

Father

CAUSES OF DEATH

Primary

Do not know

How long

all it is life

Immediate

Had no doctor

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

D G Holloman & Co

Address

Salisbury Md

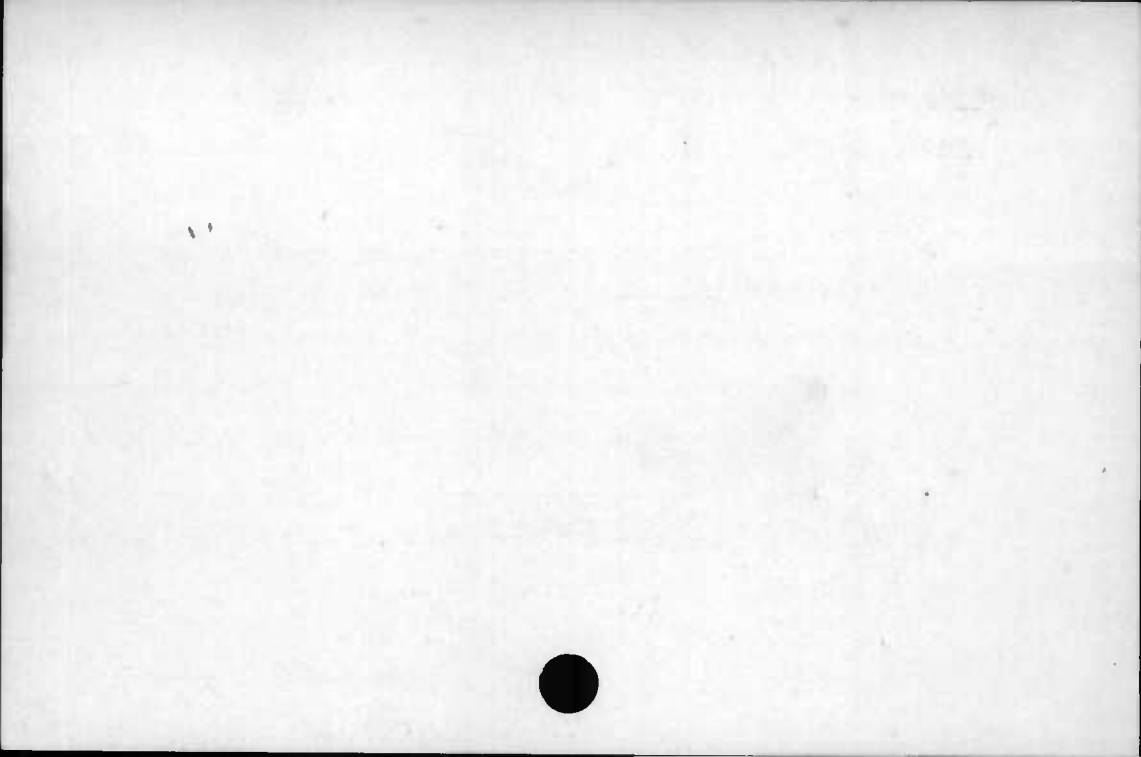
Accident or Suicide?

no

Undertaker

✓

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

In Full

Lambert H. Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Near Mandula* ^{Town} *Wicomico* ^{County} **MARYLAND**

Date of death *1906* ^{Month} *Jan* ^{Day} *6* ^{Years} *70* ^{Months} *2* ^{Days} *—*

Sex *Male* Color or Race *white* Birth-place *Md*

Occupation *Farmer* Where Residing if not at place of death *"*

Married, Single or Widowed *widowed* Name of Wife or Husband *Martha Bradley*

Father's Name *Levin, Cooper* Father's Birthplace *Md*

Mother's Maiden Name *"* Mother's Birthplace *"*

Name of person giving information *Son* *(120)* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Bright's Disease* How long *2 years*

Immediate *"* How long *"*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. L. English*

Coroner Address *Mandula spgs Md.*

Accident or Suicide? *"*



Name
in
Full

CERTIFICATE OF DEATH

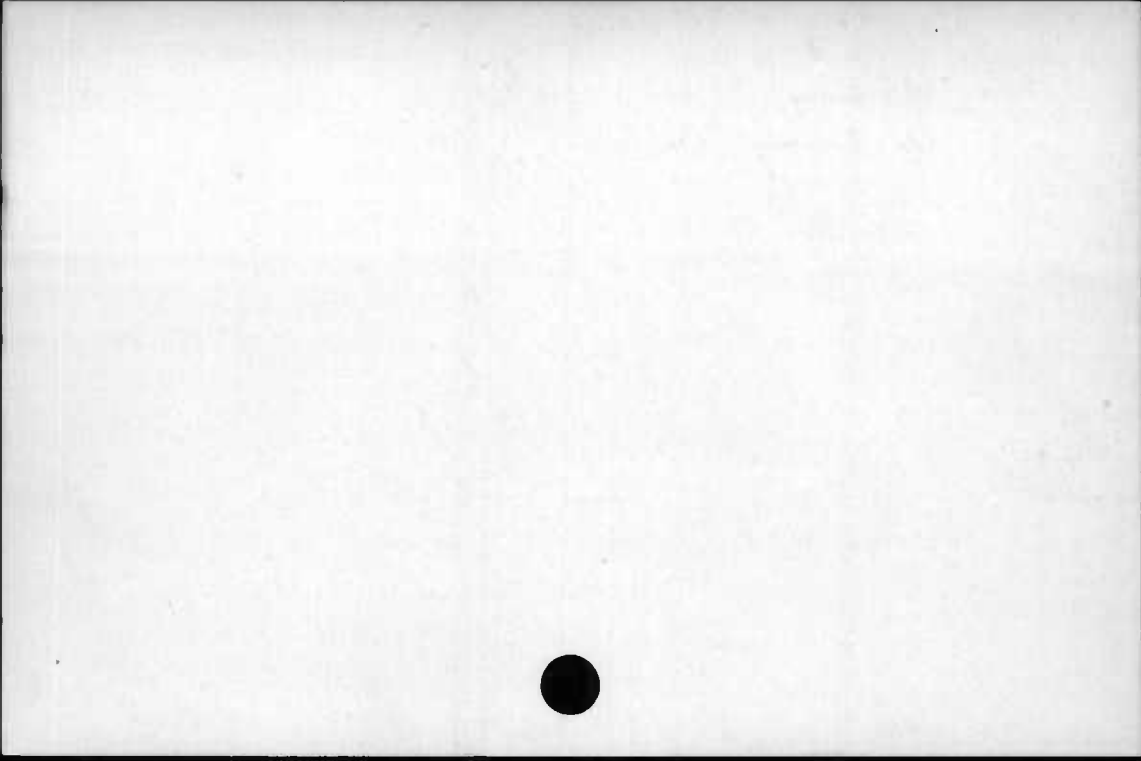
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ruby - Leary</i> ^{Town}		<i>Mcconnie's</i> ^{County}		MARYLAND	
Date of death <i>1904</i>	Month <i>1</i>	Day <i>8</i>	Years <i>15</i>	Months <i>3</i>	Days
Sex		Color or Race <i>white</i>	Birth-place <i>Md</i>		
Occupation <i>Lady</i>		Where Residing if not at place of death <i>Md</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>George, Leary</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Maggie Horan</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Lady of inquiry</i>		How related to deceased <i>--</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart failure</i>	How long <i>(179)</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. L. English</i>
<i>Coroner</i>	Address <i>Maryland</i>
Accident or Suicide? <i>--</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County			
Date of death	<i>1906</i>	Month <i>January</i>	Day <i>6</i>	Age <i>55</i>	Years <i>11</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Virginia</i>			
Father's Name <i>James Wesley Downing</i>			Father's Birthplace <i>Wicomico Co Md</i>		
Mother's Maiden Name <i>Sarah C. Smith</i>			Mother's Birthplace <i>Worcester Co Md</i>		
Name of person giving information <i>W. J. Downing</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute lobar Pneumonia (double)</i>	How long <i>6 days</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Louis W. Morris M.D.</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Infant no name Elliott (M)

Town

County

Salisbury

Wicomico

MARYLAND

Date

Month

Day

Age

Years

Months

Days

of death

1906 Jan

16

5

1

Sex

male

Color or
Race

White

Birth-
place

Salisbury Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

William B Elliott

Father's
Birthplace

Md

Mother's

Maiden Name

Ellen Chippen

Mother's
Birthplace

Md

Name of person giving
Information

William B Elliott

How related
to deceased

Father

CAUSES OF DEATH

Primary

Improper Feeding

How long

all life

Immediate

Enteric Colitis

How long

not known

Are the name, age, sex, color, date
and place correctly given above?Think
SoSignature of
Physician

Dr. W. Ford

Address

Salisbury Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Sallie A. Ellis

Town

County

MARYLAND

Died at

Near Salisbury

Wicomico

Date

Month

Day

Years

Months

Days

of death

1906 Jan.

22nd

Age

74

Sex

Female

Color or
Race

White

Birth-
place

Delaware

Occupation

Housekeeper

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

George Ellis

Father's
Name

William Moore

Father's
Birthplace

Del.

Mother's
Maiden Name

Nellie Crockett

Mother's
Birthplace

"

Name of person giving
information

Mrs. Mary E. Moore

How related
to deceased

Niece

CAUSES OF DEATH

Primary

Bright's Disease

How long

2 years

Immediate

Pulmonary edema

How long

two hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. M. Smith
Salisbury, Md

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary W. Gorman</i>		Town <i>Beltsville</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Beltsville</i>		Month <i>6</i>		Day <i>5</i>		Years <i>1</i>	
Date of death <i>1906</i>		Age <i>1</i>		Months <i>7</i>		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Albert W. Gorman</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Corrie Regal</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>Corrie Gorman</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Involving concentrated lye</i>		How long <i>6 weeks ago</i>	
Immediate <i>Capillary bronchitis</i>		How long <i>4 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. M. [illegible]</i>	
		Address <i>Salisbury, Md</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

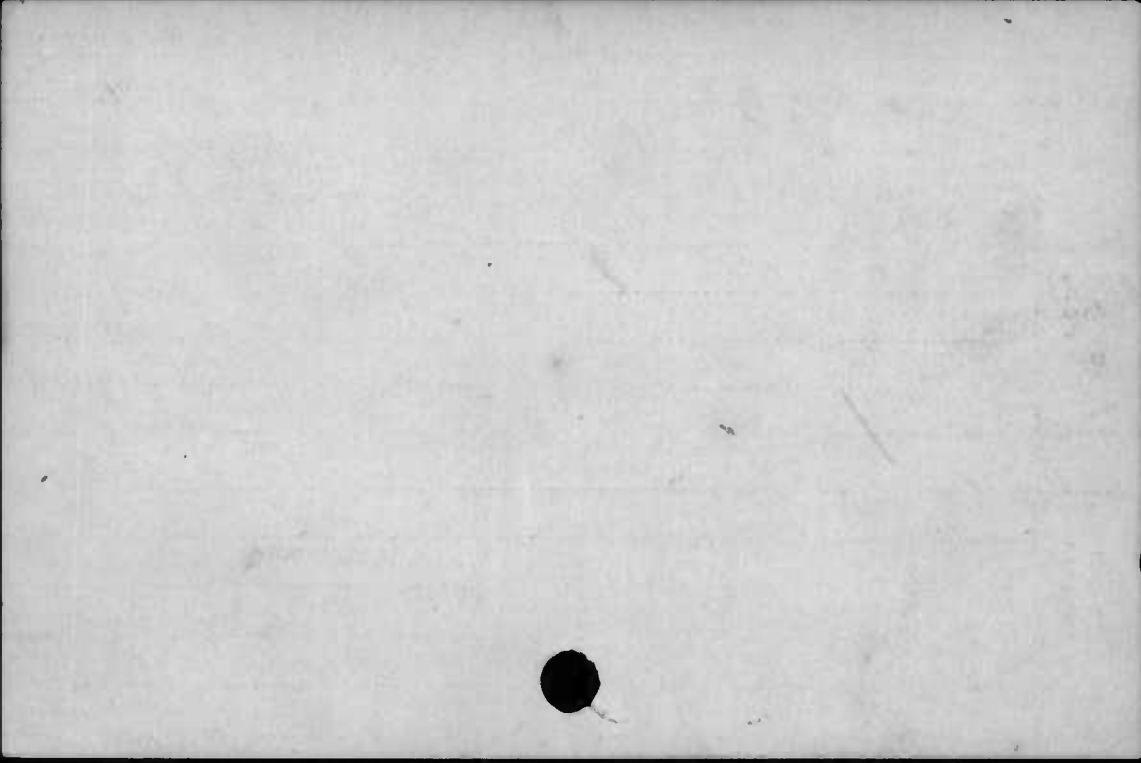
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Ethal</i>		Town <i>near Ethal</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>1</i>	Day <i>3rd</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>	Days <i>10</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>MD</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Willie L. Green</i>				Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Harriet L. Green</i>				Mother's Birthplace <i>Del</i>			
Name of person giving information <i>S. H. Green</i>				How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>3 months</i>
Immediate <i>Heart failure</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ward L. Smith</i>
<i>W. L. Smith</i>	Address <i>Ward L. Smith</i>
Accident or Suicide?	<i>MD</i>



Name
in
Full

CERTIFICATE OF DEATH

Infants Ingersoll (M M)
Town County

MARYLAND

Died at

Date

of death 1906

Month

1

Day

5

Years

Age

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Festerville

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Oscar Ingersoll

Father's
Birthplace

Lynn Hill

Mother's
Maiden Name

Vetta M Roberts

Mother's
Birthplace

Festerville

Name of person giving
In formation

Harry H Roberts

How related
to deceased

uncle

CAUSES OF DEATH

Primary

Struck by car

How long

Immediate

How long

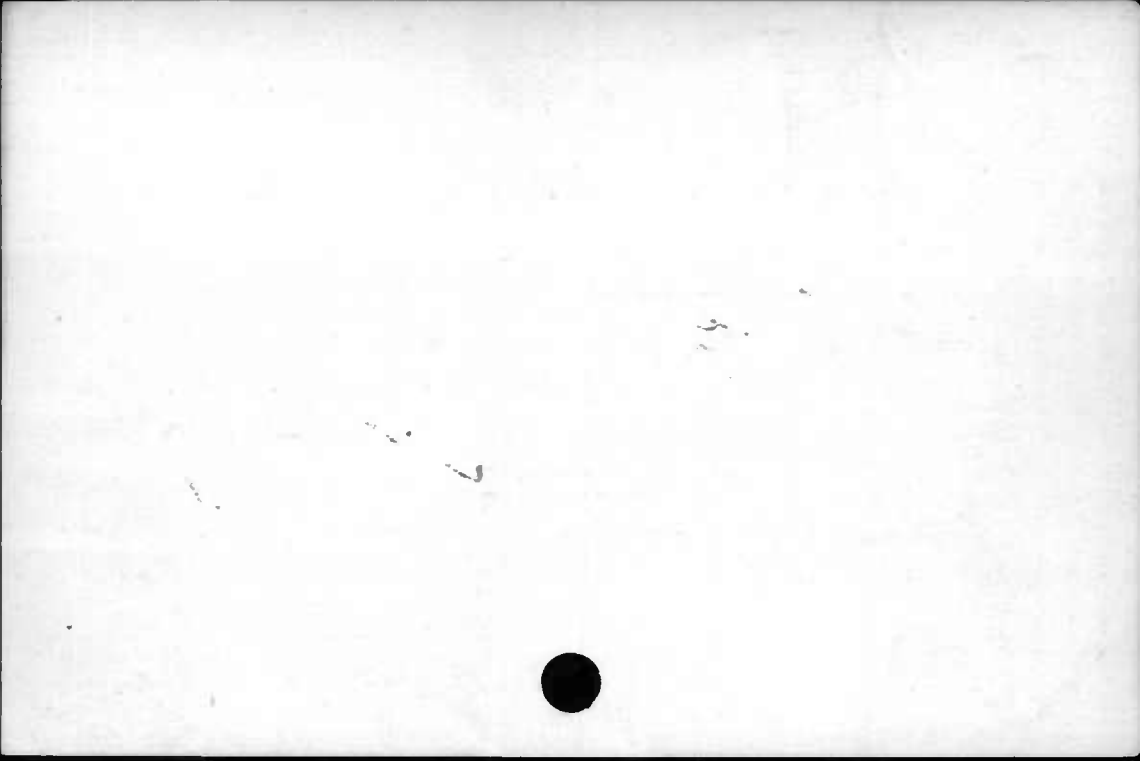
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

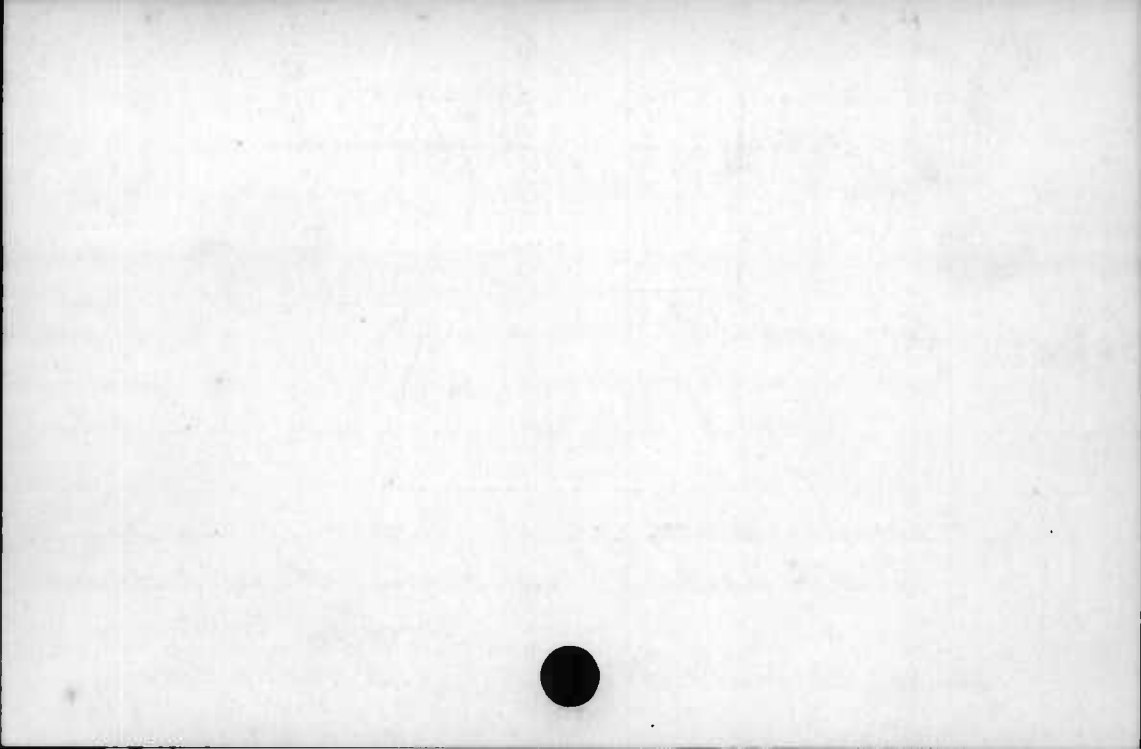
J. C. Bishop
Festerville
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Bessie Jones				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Salisbury		Town		Wicomico	
	Date of death		1906	Jan	23	Day	9
	Sex		Female		Color or Race		White
	Occupation		School girl		Birth-place		Md
	Married, Single or Widowed		Single		Where Residing if not at place of death		
	Father's Name		John W Jones		Father's Birthplace		Md
	Mother's Maiden Name		Augusta Pusley		Mother's Birthplace		Md
Name of person giving information		John W Jones		How related to deceased		Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Extension burns on face & body				How long	
	Immediate	Shock				How long	5 or 6 hours
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Samuel W. Wilson M.D.
	Accident or Suicide?				Address		Salisbury Md



Name
in
Full

Elenora Jones 22/1/11

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Near Salisbury ^{County} Wicomico ^{State} MARYLAND

Date of death 1906 ^{Month} Jan ^{Day} 12th ^{Age} one ^{Years} ^{Months} Four ^{Days}

Sex Female ^{Color or Race} Black ^{Birth-place} Near Salisbury Md.

Occupation _____ Where Residing if not at place of death _____

~~Married~~ Single ^{Name of Wife or Husband} _____

Father's Name James H. Jones ^{Father's Birthplace} Near Salisbury Md.

Mother's Maiden Name Lena Austin ^{Mother's Birthplace} in Salisbury Md.

Name of person giving information Frank H. Jones ^{How related to deceased} Grand Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

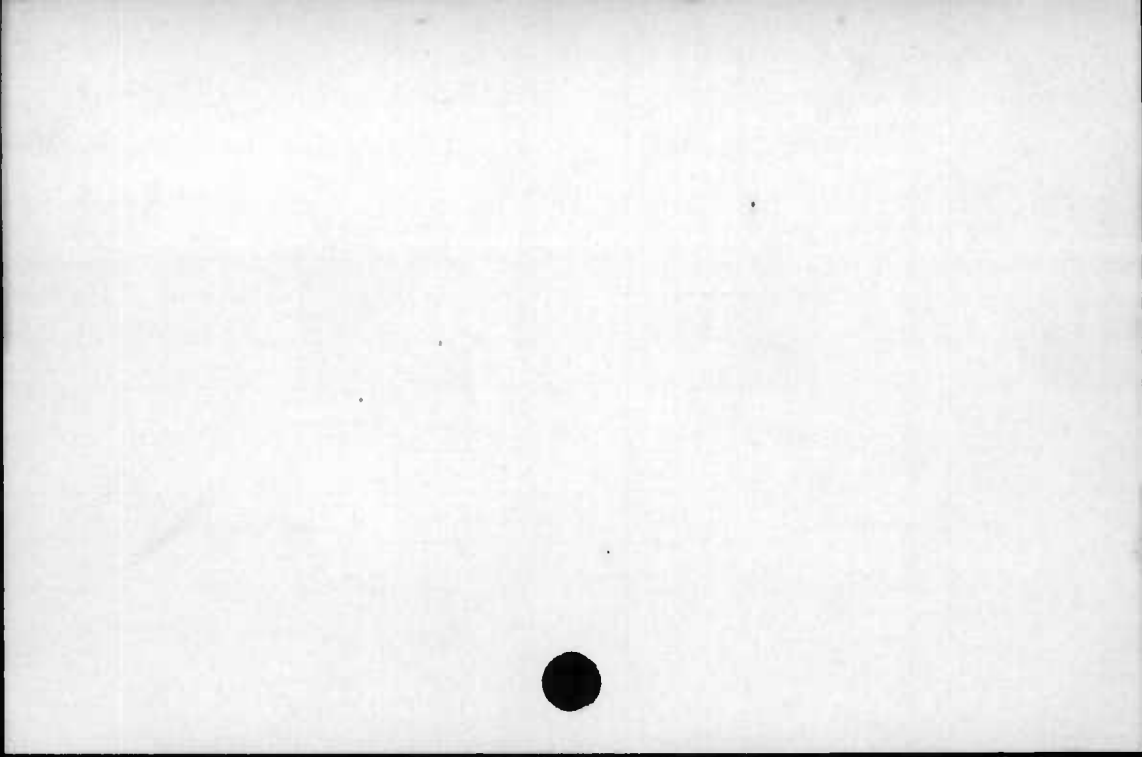
Primary Not known ^{How long} 2 or 3 months

Immediate Supposed to have been heart disease ^{How long}

Are the name, age, sex, color, date and place correctly given above? _____

Signature of Physician Geo. C. Hill ^{Address} Undertaker

No Physician attended her ^{Accident or Suicide?} ✓ Salisbury Md.



Name
in
Full

George W. Morris

22/1/11

CERTIFICATE OF DEATH

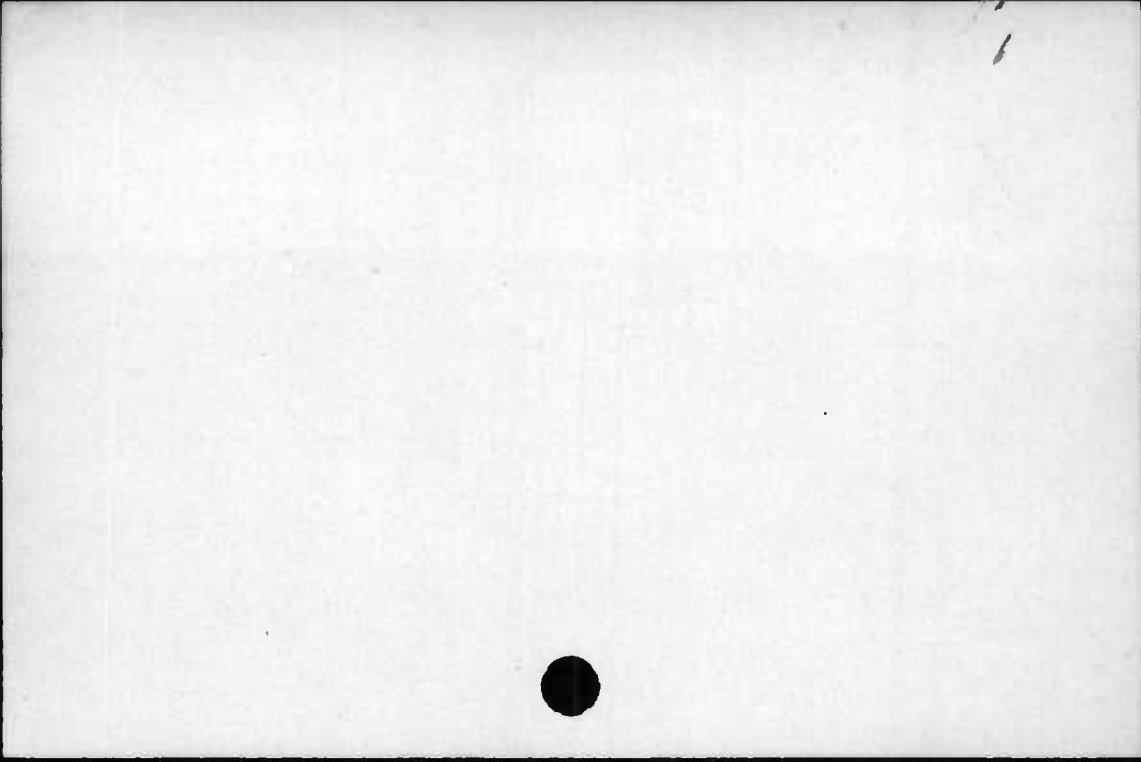
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Tony Tank</i>		Town <i>Wicomico</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	1906	Month	Jan	Day	19	Age	77
Sex	Male		Color or Race	Black		Birth-place	Near Truittland Md.
Occupation	Laborer		Where Residing if not at place of death				
Married, Single or Widowed	Widower		Name of Wife or Husband	Mariah Morris			
Father's Name	Not known					Father's Birthplace	
Mother's Maiden Name	Leah Leankford					Mother's Birthplace	
Name of person giving information	John W. Ladovine					How related to deceased	Son-in-law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>He had no Physician</i>		How long	<i>179</i>
Immediate	<i>Supposed to have died of stroke of</i>		How long	<i>Paralysis</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo. C. Hill</i>		
		Address <i>Undertaker Salisbury Md.</i>		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Martha Pallitt</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		State <i>MARYLAND</i>	
Died at <i>Salisbury</i>		Month <i>Jan</i>		Day <i>8</i>		Years <i>70</i>	
Date of death <i>1906</i>		Age <i>70</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>McL</i>			
Occupation		Where Residing if not at place of death					
Married Single or Widowed		Name of Wife or Husband					
Father's Name <i>Ephraim Pallitt</i>		Father's Birthplace <i>McL</i>					
Mother's Maiden Name <i>Eliza Pallitt</i>		Mother's Birthplace <i>McL</i>					
Name of person giving information <i>George Pallitt</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>		How long <i>few days</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. M. Clemons M.D.</i>	
		Address <i>Salisbury Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

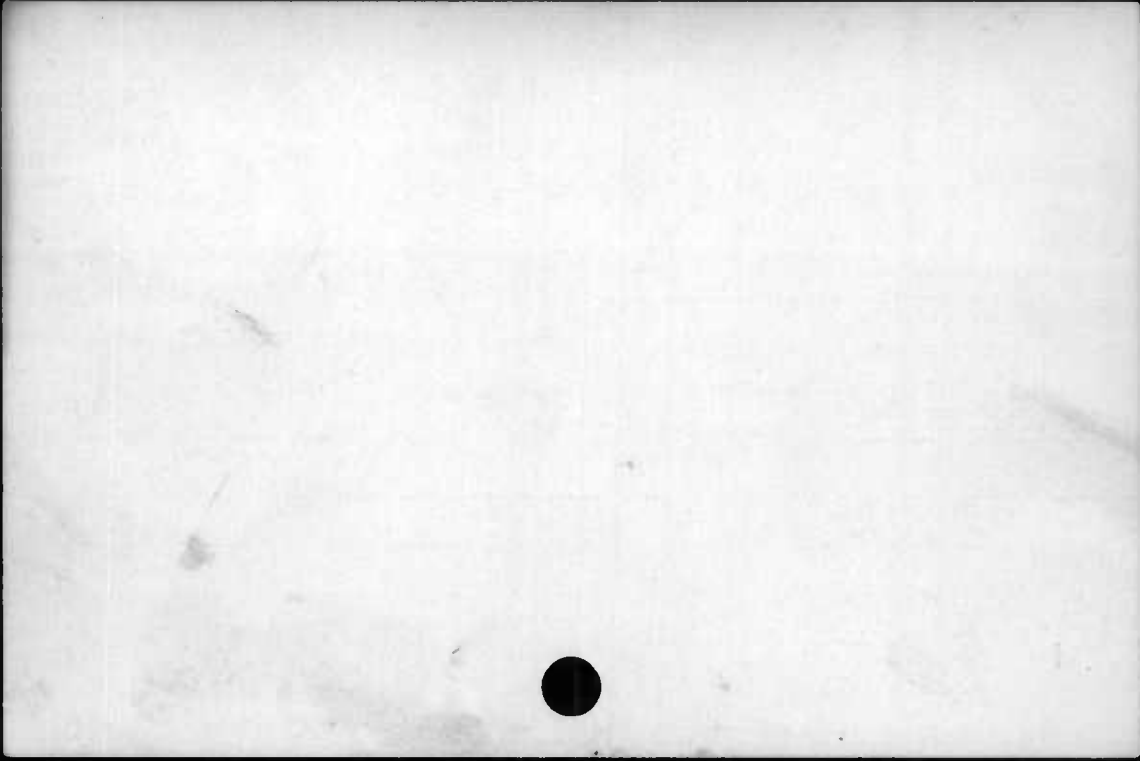
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Burnell</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Salisbury</i>		Month <i>Jan</i>		Day <i>14</i>		Years <i>80</i>	
Date of death <i>1906</i>		Age <i>80</i>		Months <i>0</i>		Days <i>0</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Ind</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Joseph Burnell</i>					
Father's Name <i>Levin Robins</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Mary Robins</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Oliver Burnell</i>		How related to deceased <i>Son.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age & General Debility</i>	How long
Immediate <i>Stroke</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Nancy Tule M.D.</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	



Name
in
Full

Hilsi Robinson

22/1/18

CERTIFICATE OF DEATH

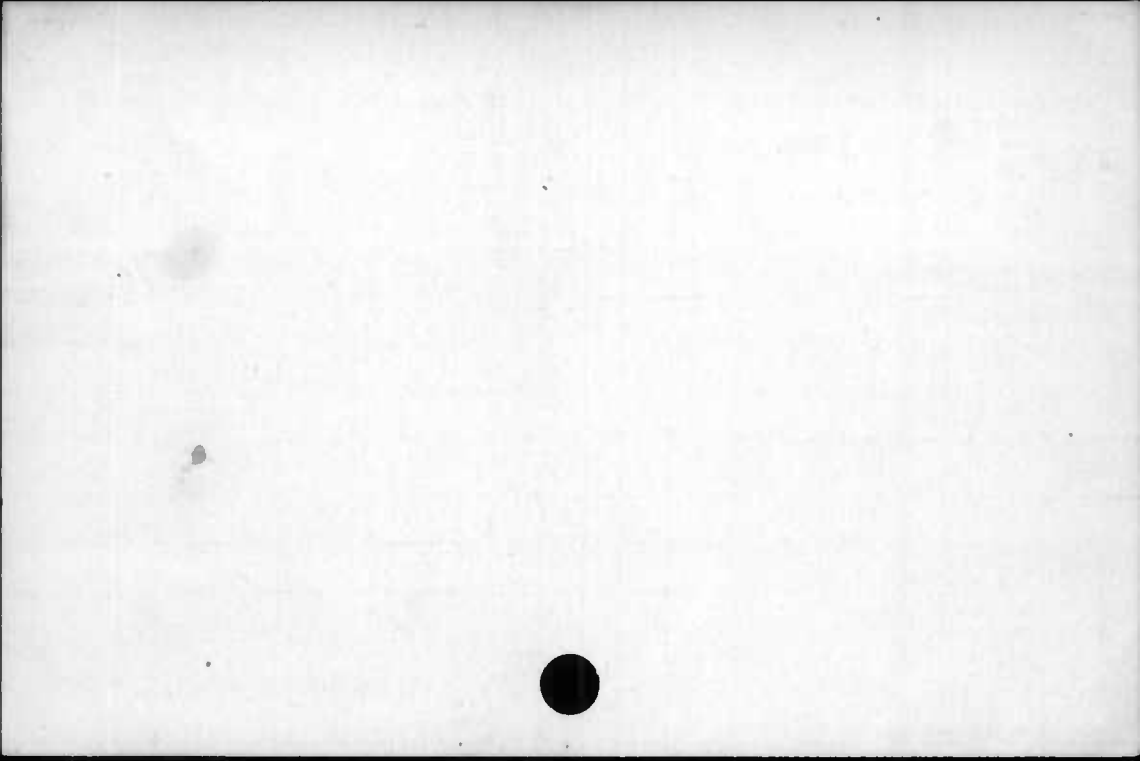
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Allen</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	<u>1906</u> Month	<u>Jan</u> Day	Age	<u>100</u> Years	Months Days
Sex	<u>Female</u>		Color or Race	<u>Black</u>	
Occupation			Birth-place <u>Dorchester Co Md</u>		
Where Residing if not at place of death					
Name of or Widowed			Name of Wife or Husband <u>Do not know</u>		
Father's Name			<u>Do not know</u>		
Mother's Maiden Name			Father's Birthplace		
Name of person giving information			Mother's Birthplace		
<u>Levin Peters</u>			How related to deceased <u>no relation</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Paralyzed</u>	How long	<u>12 or 15 yrs</u>
Immediate	<u>had no doctor</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W C Hallonway & Co</u>	
Address		<u>Salisbury Md</u>	
Accident or Suicide?		<u>no</u>	
		<u>Undertakes</u>	



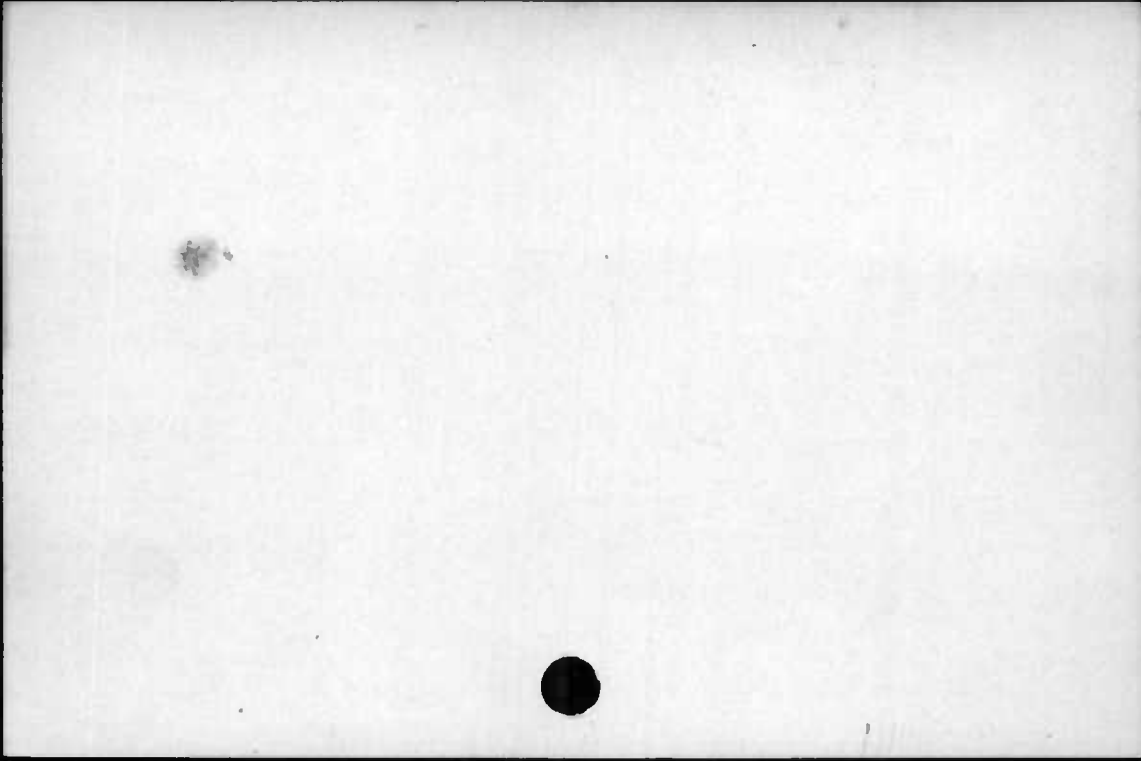
Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Name in Full <i>Leeah Toadvine</i>		Town <i>Fruitland</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Fruitland</i>		Month <i>Jan</i>		Day <i>25th</i>		Years <i>43</i>	
Date of death <i>1906 Jan 25th</i>		Age <i>43</i>		Months <i></i>		Days <i></i>	
Sex <i>Female</i>		Color or Race <i>Negro</i>		Birth-place <i>Fruitland Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John W. Toadvine</i>					
Father's Name <i>George Morris</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>not known</i>		Mother's Birthplace <i></i>					
Name of person giving information <i>John H. Williams</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

Primary <i>Diabetes Mellitus</i>		How long <i>1 year or longer</i>	
Immediate <i>Coma</i>		How long <i>26 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. McQuinn</i>	
		Address <i>Salisbury, Md</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fruitland</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>Jan.</i>	Day <i>14</i>	Age <i>28</i>	Months <i>11</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Fruitland Md.</i>		
Occupation <i>Housekeeper</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Geo. W. Townsend</i>				
Father's Name <i>Ephriam Banks</i>	Father's Birthplace <i>Fruitland Md.</i>		Mother's Birthplace <i>" "</i>		
Mother's Maiden Name <i>Mary J. Johnson</i>	Name of person giving information <i>Geo. W. Townsend</i>		How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>No Physician attended her for several weeks</i>	How long
Immediate <i>Supposed to consumption of the lungs</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. E. Hill</i>
To the best of my knowledge <i>To the best of my knowledge</i>	Address <i>Undertaker Salisbury Md.</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

John Muger

Town

County

MARYLAND

Died at Salisbury

Anne Arundel

Date of death 1906 Jan.

Month

Day

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Occupation

Boiler - mated

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Died Suddenly, Probably Dissected Heart

How long

Immediate

was dead when I saw him

How long

1/2 hour.

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Lemuel W. Mearns M.D.

Address

Salisbury Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Edward B Wales

22/1/VI

CERTIFICATE OF DEATH

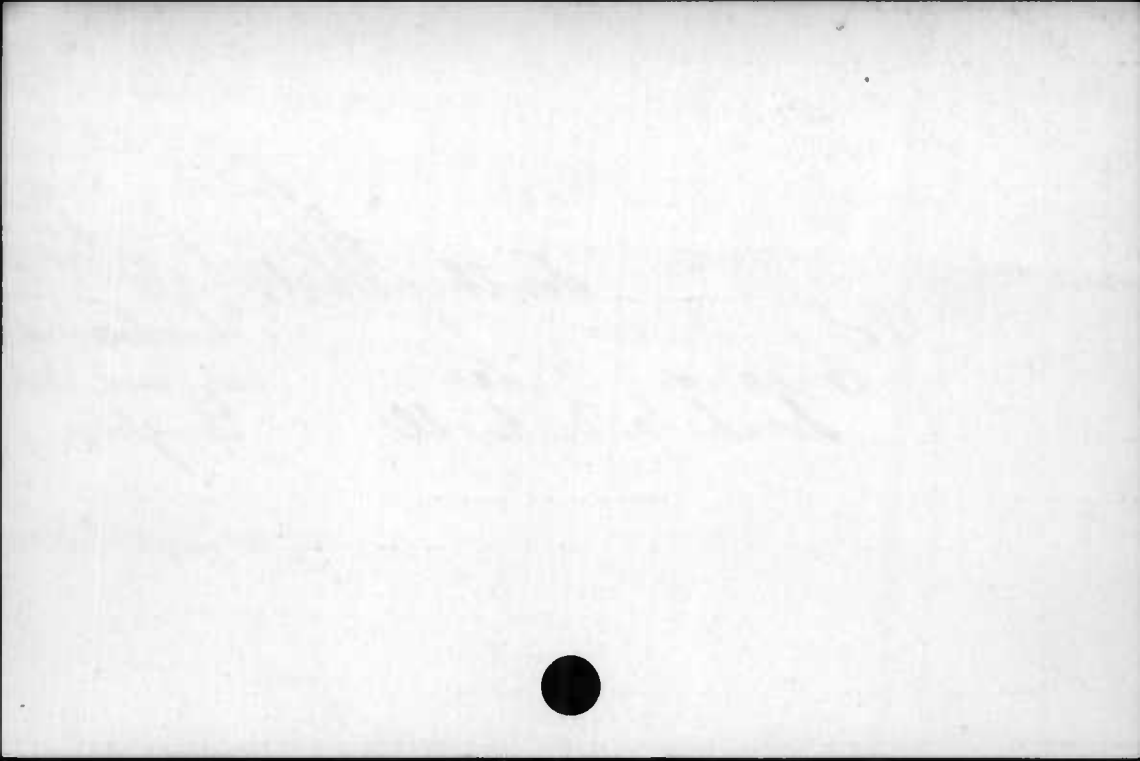
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death	<u>1906</u> <small>Year</small>	<u>Jan</u> <small>Month</small>	<u>20</u> <small>Day</small>	Age <u>22</u> <small>Years</small>	<u>22</u> <small>Months</small> <u>22</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>Black</u>		Birth-place <u>Salisbury Md</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Hulley B Wales</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Clara A Laws</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Hulley B Wales</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Do not know</u>	How long	<u>all his life</u>
Immediate	<u>had no Doctor</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W E Hallonway & Co</u>	
<u>yes</u>		Address <u>Salisbury Md</u>	
Accident or Suicide? <u>no</u>		<u>Undertakers</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Salisbury		County Wicomico		MARYLAND	
Date of death		Month Jan.		Day 8th		Age 83	
Sex Female		Color or Race White		Birth-place Salisbury Md.		Months 11 Days 20	
Occupation		Where Residing If not at place of death		Salisbury Md.			
Married, Single or Widowed		Widow		Name of Wife or Husband Southey Whittington			
Father's Name		John Rider		Father's Birthplace Denton Md.			
Mother's Maiden Name		Eleanor Rider		Mother's Birthplace New Land Del.			
Name of person giving information		Joseph E. Dethrell		How related to deceased Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	arterio-sclerosis	How long	Several years
Immediate	Cerebral hemorrhage	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		J. M. Davis	
Address		Salisbury Md.	
Accident or Suicide?		no	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Jennie Wright* Town *Sharptown* County *Wisconsin*

Died at *Sharptown*

Date of death *1906* Month *Jan* Day *2* Age *34* Years Months *7* Days *5*

Sex *Female* Color or Race *White* Birth-place *Sharptown*

Occupation *House wife* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *George H Wright*

Father's Name *Thomas Phillips* Father's Birthplace *Wisconsin*

Mother's Maiden Name *Betty Walker* Mother's Birthplace *"*

Name of person giving information *Mapnia Bailey* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Heart trouble* How long *2 years*

Immediate *Convulsion* How long *1 hour*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. H. Cassaway*

Address *Sharptown*

Accident or Suicide? *No*

